2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 21, 2009
Secretary of State

DOCUMENT# P06000141401

Entity Name: MBNA MANAGEMENT, INC.

Current Principal Place of Business:

125 EGRET DRIVE
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

157 A TRAMWAY DRIVE
STATELINE, NV 89449 US

Current Mailing Address:

125 EGRET DRIVE
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANNAFIOUS, KAREN
125 EGRET DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

CHAPON, KAREN
125 EGRET DRIVE
SATELLITE BEACH, FL 32937 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN RAE CHAPON 11/21/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: HANNAFIOUS, KAREN
Address: 125 EGRET DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D ( ) Delete
Name: HANNAFIOUS, KAREN
Address: 125 EGRET DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: CHAPON, KAREN
Address: 125 EGRET DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D (X) Change ( ) Addition
Name: CHAPON, KAREN
Address: 125 EGRET DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN RAE CHAPON PRES 11/21/2009
Electronic Signature of Signing Officer or Director Date